

United States Bankruptcy Court

Eastern District of Michigan

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Butts, Bert Cordell	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA Lion Oil Trading & Transport	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-7405	Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): 1360 Seward #108 Detroit, MI	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 48202	ZIP Code
County of Residence or of the Principal Place of Business: Wayne	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="width:100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-5,000</td> <td>5001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>100,001-100,000</td> <td>OVER 100,000</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000												
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Estimated Assets <table style="width:100%;"> <tr> <td><input type="checkbox"/> \$0 to \$10,000</td> <td><input checked="" type="checkbox"/> \$10,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$100 million</td> <td><input type="checkbox"/> More than \$100 million</td> </tr> </table>	<input type="checkbox"/> \$0 to \$10,000	<input checked="" type="checkbox"/> \$10,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																
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Estimated Liabilities <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$100 million</td> <td><input type="checkbox"/> More than \$100 million</td> </tr> </table>	<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Butts, Bert Cordell**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Walter A. Metzen**June 4, 2007**

Signature of Attorney for Debtor(s)

(Date)

Walter A. Metzen P49779**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Butts, Bert Cordell**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Bert Cordell Butts
Signature of Debtor **Bert Cordell Butts**

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 4, 2007

Date

Signature of Attorney

X /s/ Walter A. Metzen
Signature of Attorney for Debtor(s)

Walter A. Metzen P49779
Printed Name of Attorney for Debtor(s)

Walter A. Metzen, Attorney at Law
Firm Name

3156 Penobscot Building
645 Griswold
Detroit Michigan 48226,

Address

DetroitBankruptcyLawyer@gmail.com
(313) 962-4656 Fax: (313) 962-4241

Telephone Number

June 4, 2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C.

United States Bankruptcy Court
Eastern District of Michigan

In re **Bert Cordell Butts**,
 Debtor

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	11,400.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		11,615.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		34,931.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	17			1,525.34
J - Current Expenditures of Individual Debtor(s)	Yes	1			1,105.00
Total Number of Sheets of ALL Schedules		32			
Total Assets			11,400.00		
Total Liabilities				46,546.00	

United States Bankruptcy Court
Eastern District of Michigan

In re **Bert Cordell Butts**,
 Debtor

Case No. _____

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	1,525.34
Average Expenses (from Schedule J, Line 18)	1,105.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	1,906.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		5,615.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		34,931.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		40,546.00

In re **Bert Cordell Butts**,
Debtor

Case No. _____

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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In re **Bert Cordell Butts**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."
In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase Bank and 5/3rd Bank -	-	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		stove, washer/dryer, fridge, computer, lawnmower, misc items sofa, tables, chairs, tv vcr, microwave, kitchen utensils	-	4,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Used clothing and accessories, no article worth over \$50	-	500.00
7. Furs and jewelry.		Rings, necklaces, bracelets, earrings, watch	-	100.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Insurance through work	-	Unknown
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **4,600.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Bert Cordell Butts**,
Debtor

Case No. _____

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	401K		-	800.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **800.00**
(Total of this page)

Sheet **1** of **2** continuation sheets attached
to the Schedule of Personal Property

In re **Bert Cordell Butts**,
Debtor

Case No. _____

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Chrysler PT Cruiser	-	6,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **6,000.00**
(Total of this page)
Total > **11,400.00**

Sheet **2** of **2** continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re Bert Cordell Butts,
Debtor

Case No. _____

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☒ 11 U.S.C. §522(b)(2)
☐ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Household Goods and Furnishings</u> stove, washer/dryer, fridge, computer, lawnmower, misc items sofa, tables, chairs, tv vcr, microwave, kitchen utensils	11 U.S.C. § 522(d)(3)	4,000.00	4,000.00
<u>Wearing Apparel</u> Used clothing and accessories, no article worth over \$50	11 U.S.C. § 522(d)(3)	500.00	500.00
<u>Furs and Jewelry</u> Rings, necklaces, bracelets, earrings, watch	11 U.S.C. § 522(d)(4)	100.00	100.00
<u>Interests in Insurance Policies</u> Insurance through work	11 U.S.C. § 522(d)(7)	0.00	Unknown
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u> 401K	11 U.S.C. § 522(d)(12)	800.00	800.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2002 Chrysler PT Cruiser	11 U.S.C. § 522(d)(2)	0.00	6,000.00

Total: **5,400.00** **11,400.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Bert Cordell Butts**

Case No. _____

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 8080			2002					
Long Beach Acceptance Corp.			auto loan					
PO BOX 678			2002 Chrysler PT Cruiser					
Newark, NJ 07101-0678		-	Value \$ 6,000.00				11,615.00	5,615.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							11,615.00	5,615.00
Total (Report on Summary of Schedules)							11,615.00	5,615.00

0 continuation sheets attached

In re **Bert Cordell Butts**

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trust or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Bert Cordell Butts**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4715 Allied Interstate PO Box 361563 Columbus, OH 43236-1563	-	2006 Collection agency/Notice of Bankruptcy				383.00
Account No. 6639 Asset Acceptance P.O. Box 2040 Warren, MI 48090	-	2006 collection				9,604.00
Account No. 8321 Bay Area Credit Service Inc 50 Airport Parkway Suite 100 San Jose, CA 95110	-	2005 Collection agency/Notice of Bankruptcy				352.00
Account No. 9231 CFC Financial LLC PO Box 318038 Cleveland, OH 44131-8038	-	2004 Collection agency/Notice of Bankruptcy				1,749.00
Subtotal (Total of this page)						12,088.00

4 continuation sheets attached

In re **Bert Cordell Butts**, Case No. _____
Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			36th District Court Madison Center 421 Madison Ave Case#:04-119231gc Detroit, MI 48226				
Representing: CFC Financial LLC							
Account No.			Thomas D Hocking Attorney at Law PO Box 2037 6985 Miller Road Suite 200 Warren, MI 48090				
Representing: CFC Financial LLC							
Account No. 3631			2006 Notice purposes				134.00
Debt Recovery Solutions LLC 900 Merchants Concourse Ste 106 Westbury, NY 11590-5114	-						
Account No. 3260			2006 collection				665.00
Law Office of Smith and Associates 1000 Abernathy Building 400, Suite 155 Atlanta, GA 30328	-						
Account No.			T-Mobile Bankruptcy 5421 Jefferson St NE Albuquerque, NM 87109-3406				
Representing: Law Office of Smith and Associates							
Sheet no. 1 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			799.00

In re **Bert Cordell Butts**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9041 MBIA Muni Services Co New Center One 3031 W Grand Blvd #610 Detroit, MI 48202	-	2005 property taxes/notice				85.00
Account No. 7271 National Action Financial Serv 165 Lawrence Bell Dr. Ste 100 Williamsville, NY 14231-9027	-	2007 collection				3,304.00
Account No. 0760 National Action Financial Serv 165 Lawrence Bell Dr Ste 100 PO Box 9027 Williamsville, NY 14231-9027	-	2007 collection				2,093.00
Account No. 8884 NCO Financial Systems 507 Prudential Road Horsham, PA 19044	-	2007 Collection agency account				179.00
Account No. 2955 Northland Group Inc PO Box 390846 Edina, MN 55439	-	2007 card/charge, credit/consumer purchases/goods/services				1,935.00
Sheet no. 2 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,596.00

In re **Bert Cordell Butts**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 9120 Northland Group Inc PO Box 390846 Minneapolis, MN 55439		2006 Collection agency/Notice of Bankruptcy -				1,549.00	
Account No. 2828 Northland Group Inc PO Box 390846 Edina, MN 55439		2007 card/charge, credit/consumer purchases/goods/services -				701.00	
Account No. 7861 United Online Collections Division PO BOX 5006-BD Woodland Hills, CA 91365-9637		2004 collection -				30.00	
Account No. 7405 US Department of Education PO Box 530260 Atlanta, GA 30353-0260		2005 student loan-non-dischargeable -				10,058.00	
Account No. Representing: US Department of Education		Direct Loan Servicing Center PO Box 4609 Utica, NY 13504-4609					
Sheet no. 3 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 12,338.00

In re **Bert Cordell Butts**, Case No. _____
Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3092 Van Ru Credit Corporation 8550 Ulmerton Road Suite 225 Largo, FL 33771-5351	-	2004 collection agency				1,736.00
Account No. 2520 Weber & Olcese PLC 3250 W Big Beaver Rd Ste 124 Troy, MI 48084	-	2006 attorney for creditor				374.00
Account No.						
Account No.						
Account No.						
Subtotal (Total of this page)						2,110.00
Total (Report on Summary of Schedules)						34,931.00

Sheet no. 4 of 4 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Bert Cordell Butts,
Debtor

Case No. _____

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **Bert Cordell Butts**,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

In re **Bert Cordell Butts**

Case No. _____

Debtor(s)

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): None.	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	security	
Name of Employer	Spectrum Juvenile	
How long employed	3.1 years	
Address of Employer	28303 Joy Rd Westland, MI 48185	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 1,906.67	\$ N/A
2. Estimate monthly overtime	\$ 0.00	\$ N/A

3. SUBTOTAL

\$ 1,906.67	\$ N/A
--------------------	---------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ 381.33	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 381.33	\$ N/A
------------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,525.34	\$ N/A
--------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ 0.00	\$ N/A
----------------	---------------

8. Income from real property

\$ 0.00	\$ N/A
----------------	---------------

9. Interest and dividends

\$ 0.00	\$ N/A
----------------	---------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 0.00	\$ N/A
----------------	---------------

11. Social security or government assistance (Specify): _____

\$ 0.00	\$ N/A
----------------	---------------

12. Pension or retirement income

\$ 0.00	\$ N/A
----------------	---------------

13. Other monthly income

(Specify): _____

\$ 0.00	\$ N/A
----------------	---------------

\$ 0.00	\$ N/A
----------------	---------------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ N/A
----------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

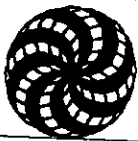
\$ 1,525.34	\$ N/A
--------------------	---------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 1,525.34

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:



SPECTRUM JUVENILE JUSTICE SVCS
28303 JOY ROAD
WESTLAND, MICHIGAN 48185

CHECK NO: 012801
CHECK DATE: 05/18/07
PERIOD ENDING: 05/05/07
PAY FREQUENCY: BIWEEKLY

BUTTS, BERT C.
APT 108
1360 SEWARD
DETROIT, MI 48202-2341

ID NUMBER: 0328220029
BASE RATE: 11.0376
SSN:

STATUS: SINGLE
EXEMPT: 00
FED: 00
DI/UC: 00
LOCAL: 00
ST: 00

STATE AND LOCAL CODES
PRI: MI LOC1: DR LOC3:
SEC: LOC2: LOC4:
LOC5:

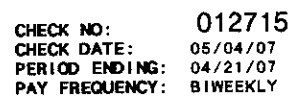
IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

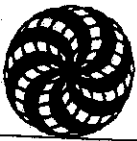
SPECIAL INFORMATION

CURRENT			Y-T-D		DESCRIPTION	CURRENT		Y-T-D	
DESCRIPTION	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS		AMOUNT	AMOUNT		
REGUL	11.0376	79.75			SO SEC TAX	53.09	519.17		TO-DATE PRE-PAID
REGULAR		880.25	652.00	7184.41	MEDICARE TAX	12.42	121.42		YTD VACATION ACCRUAL
HOLIDAY			8.00	132.45	FED INC TAX	98.78	960.32		YTD VACATION TAKEN
VACATION			17.00	371.82	PRI-STATE TAX	33.39	326.56		YTD VACATION BALANCE
OVERTIME			74.75	821.60	PRI-LOCAL TAX	21.41	209.37		
			6.25	103.47					
TOTAL H/E					TOTAL TAXES	219.09	2136.84		
	79.75	880.25	758.00	8613.75	AFTER-TAX DEDUCTIONS				
PRE-TAX ITEMS					CHILD SUPPORT	10.00	100.00		
HEALTH INS		24.01		240.10	CHILD SUPPORT	60.00	600.00		
					STUDENT LOAN	95.29	900.21		
					PRE-PAID	12.95	129.50		
TOTAL PRE-TAX									
	79.75	856.24	758.00	8373.65	TOTAL PER DED	178.24	1729.71		
					LESS TAXES				
					LESS DEDS				
					EQ NET PAY				
CURRENT	880.25	24.01	856.24	219.09			458.91		
-T-D	8613.75	240.10	8373.65	2136.84					



		STATUS	EXEMPT	TAX ADJUSTMENTS	STATE AND LOCAL CODES			
ID NUMBER:	0328220029	FED: SINGLE	00	FED:	ST:	PRI: MI	LOC1: DR	LOC3:
BASE RATE:	11.0376	ST1:	00	DI/UC:		SEC:	LOC2:	LOC4:
SSN:		ST2:		LOCAL:				LOC5:

[illegible]



SPECTRUM JUVENILE JUSTICE SVCS
28303 JOY ROAD
WESTLAND, MICHIGAN 48185

CHECK NO: 012629
CHECK DATE: 04/20/07
PERIOD ENDING: 04/07/07
PAY FREQUENCY: BIWEEKLY

BUTTS, BERT C.
APT 108
1360 SEWARD
DETROIT, MI 48202-2341

ID NUMBER: 0328220029
BASE RATE: 11.0376
SSN: 364-50-7405

STATUS
SINGLE
ST1:
ST2:

EXEMPT
00
00

TAX ADJUSTMENTS
FED:
DI/UC:
LOCAL:

ST:

STATE AND LOCAL CODES
PRI: MI LOC1: DR LOC3:
SEC: LOC2: LOC4:
LOC5:

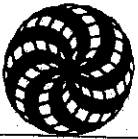
IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

CURRENT			Y-T-D		TAXES AND DEDUCTIONS			SPECIAL INFORMATION		
DESCRIPTION	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT			
REGUL	11.0376	80.00		883.01						
REGULAR			492.25	5421.15	SO SEC TAX	53.26	412.82	TO-DATE PRE-PAID	103.60	
HOLIDAY			8.00	132.45	MEDICARE TAX	12.46	96.55	YTD VACATION ACCRUAL	29.70	
HOLIDAY			17.00	371.82	FED INC TAX	99.20	762.34	YTD VACATION TAKEN	58.75	
VACATION			74.75	821.60	PRI-STATE TAX	33.50	259.67	YTD VACATION BALANCE	29.05	
OVERTIME			6.25	103.47	PRI-LOCAL TAX	21.48	166.48			



SPECTRUM JUVENILE JUSTICE SVCS
28303 JOY ROAD
WESTLAND, MICHIGAN 48185

CHECK NO: 012541
CHECK DATE: 04/06/07
PERIOD ENDING: 03/24/07
PAY FREQUENCY: BIWEEKLY

BUTTS, BERT C.
APT 108
1360 SEWARD
DETROIT, MI 48202-2341

ID NUMBER: 0328220029
BASE RATE: 11.0376
SSN: 364-50-7405

STATUS: SINGLE
EXEMPT: 00
TAX ADJUSTMENTS: 00
FED: 00
D1/UC: 00
LOCAL: 00

STATE AND LOCAL CODES
PRI: MI LOC1: DR LOC3:
SEC: LOC2: LOC4:
LOC5:

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

DESCRIPTION	CURRENT		Y-T-D		DESCRIPTION	CURRENT		Y-T-D		
	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS		AMOUNT		AMOUNT		
REGUL	11.0376	80.00		883.01	SO SEC TAX	53.25		359.56		TO-DATE PRE-PAID
REGULAR			412.25	4538.14	MEDICARE TAX	12.45		84.09		YTD VACATION ACCRUAL
HOLIDAY			8.00	132.45	FED INC TAX	99.20		663.14		YTD VACATION TAKEN
HOLIDAY			17.00	371.82	PRI-STATE TAX	33.50		226.17		YTD VACATION BALANCE
VACATION			74.75	821.60	PRI-LOCAL TAX	21.48		145.00		
OVERTIME			6.25	103.47						
					TOTAL TAXES	219.88		1477.96		
					AFTER-TAX DEDUCTIONS					
					CHILD SUPPORT	10.00		70.00		
					CHILD SUPPORT	60.00		420.00		
					STUDENT LOAN	95.78		613.36		
					PRE-PAID	12.95		90.65		
TOTAL H/E	80.00	883.01	518.25	5967.48						
					PRE-TAX ITEMS					
HEALTH INS		24.01-		168.07-						
TOTAL PRE-TAX		24.01-		168.07-						
TOTAL	80.00	859.00	518.25	5799.41	TOTAL PER DED	178.73		1184.01		
GROSS			TAXABLE WAGES		LESS TAXES			EQ NET PAY		
CURRENT	883.01	24.01-	859.00	219.88	LESS DEDS					
Y-T-D	5967.48	168.07-	5799.41	127.89						

Label (See instructions) Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2006, or other tax year beginning		2006, ending		20		OMB No. 1545-0074
	Name	Spouse's Name (if Joint Return)	Home Address		City, State, and ZIP Code		Your social security number
	BERT C BUTTS						-7405
	1360 SEWARD STREET APT 108		Detroit MI 48202-				Spouse's social security no.

Presidential

Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶ ☐ You ☐ Spouse

Filing Status

Check only

one box.

- 1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on	
b	<input type="checkbox"/> Spouse	6a and 6b	1
c	Dependents:	No. of children on 6c who:	
(1) First name	Last name	lived with you	0
		did not live with you due to divorce or separation (see instr.)	0
		Dependents on 6c not entered above	0
d	Total number of exemptions claimed	Add numbers on lines above ▶	1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	23,901.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	788.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see instr.)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see instr.)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see instr.)	20b	
21	Other income. List type and amount (see instr.)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	24,689.
23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	56.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instr.)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	1,459.
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	1,515.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	23,174.

Adjusted Gross Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2006)

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	23,174.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input checked="" type="checkbox"/> 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1942, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,150.
41	Subtract line 40 from line 38	41	18,024.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total no. of exemptions claimed on line 6d	42	3,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	14,724.
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	1,831.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,831.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care exp. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see instr.). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	1,831.
58	Self-employment tax. Attach Schedule SE	58	111.
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	1,942.
64	Federal income tax withheld from Forms W-2 and 1099	64	2,666.
65	2006 estimated tax pymts and amt applied from 2005 return	65	
66a	Earned income credit (EIC)	66a	NO
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instr)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instr)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	2,666.
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	724.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	724.
b	Routing number XXXXXXXXXXXXXXXXXXXXXXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number XXXXXXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number
313-449-1481

Spouse's signature. If a joint return, both must sign

Date

Spouse's occupation

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN
S42010093

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

**SCHEDULE C-EZ
(Form 1040)**Department of the Treasury
Internal Revenue Service**Net Profit From Business
(Sole Proprietorship)**

- Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

2006Attachment
Sequence No. **09A**Name of proprietor
BERT C BUTTSSocial security number (SSN)
7405**Part I General Information**

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
TRANSPORT**B** Enter code from instr.**C** Business name. If no separate business name, leave blank.
LION OIL TRADING & TRANSPORT**D** Employer ID no. (EIN), if any
01-0550239**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code

Part II Figure Your Net Profit

1	Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	1	788.
2	Total expenses (see instructions). If more than \$5,000, you must use Schedule C.	2	
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	3	788.

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► _____
- 5** Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:
- a** Business _____ **b** Commuting (see instructions) _____ **c** Other _____
- 6** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 7** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 8 a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see instructions.

Schedule C-EZ (Form 1040) 2006

Name of person with self-employment income (as shown on Form 1040)

BERT C BUTTS

Social security number of person
with self-employment income ▶

-7405

Section B - Long Schedule SE**Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See instructions.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>			
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see instructions)	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	788.
3	Combine lines 1 and 2	3	788.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	728.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. If less than \$400 and you had church employee income , enter -0- and continue	4c	728.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Net earnings from self-employment. Add lines 4c and 5b	6	728.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006	7	94,200.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more, skip lines 8b through 10, and go to line 11	8a	23,901.
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	23,901.
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	70,299.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	90.
11	Multiply line 6 by 2.9% (.029)	11	21.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	111.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	56.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$2,400 or (b) your net farm profits ² were less than \$1,733.			
14	Maximum income for optional methods	14	1,600.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.			
Caution. You may use this method no more than five times.			
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

W-2 DETAIL REPORT - 2006

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
GOODWILL INDUSTRIES - DE	38-1362823	X	1862	125	115	27	MI	1862	73	DETROIT	23
SOECTRUM JUVENILE JUSTIC	38-3215802	X	22039	2541	1366	320	MI	22039	860	DETROIT	551
			-----	-----	-----	---		-----	---		---
			23901	2666	1481	347		23901	933		574

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2006		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
0005148	1862.00	125.06		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld		
38-1362823	1862.00	115.44		
	5 Medicare wages and tips	6 Medicare tax withheld		
	1862.00	27.01		
c Employer's name, address, and ZIP code				
Goodwill Industries - Detroit 3111 Grand River Avenue Detroit, MI 48208-2962				
d Employee's social security number				
-7405				
e Employee's name, address, and ZIP code Suff.				
Bert C. Butts 1360 Seward Detroit, MI 48202				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
MI 38-1362823	1862.00	72.63		
15 State Emplr's state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
1862.00	23.28	MIDN		

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2006		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
0005148	1862.00	125.06		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld		
38-1362823	1862.00	115.44		
	5 Medicare wages and tips	6 Medicare tax withheld		
	1862.00	27.01		
c Employer's name, address, and ZIP code				
Goodwill Industries - Detroit 3111 Grand River Avenue Detroit, MI 48208-2962				
d Employee's social security number				
-7405				
e Employee's name, address, and ZIP code Suff.				
Bert C. Butts 1360 Seward Detroit, MI 48202				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
MI 38-1362823	1862.00	72.63		
15 State Emplr's state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
1862.00	23.28	MIDN		

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
Printed on Recycled Paper **FORM 5205**

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All four copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12, are on the other side of the page.

To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.

	Federal Box 1	Sec. Sec. Box 3 & 7	Medicare Box 5	State Box 16	Local Box 18
Gross	22038.63	22038.63	22038.63	22038.63	22038.63
Sect. 125 Plan	544.96	544.96	544.96	544.96	544.96
W-2 Wages	22038.63	22038.63	22038.63	22038.63	22038.63

A. CONTROL NUMBER 0328220029		This information is being furnished to the Internal Revenue Service		2006	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 22038.63		2. FEDERAL INCOME TAX WITHHELD 2540.85	
B. EMPLOYER IDENTIFICATION NUMBER 38-3215802		D. EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED] 7405		3. SOCIAL SECURITY WAGES 22038.63		4. SOCIAL SECURITY TAX WITHHELD 1366.40			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE SPECTRUM JUVENILE JUSTICE 28303 JOY ROAD WESTLAND, MI 48185				5. MEDICARE WAGES AND TIPS 22038.63		6. MEDICARE TAX WITHHELD 319.56			
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
				9. ADVANCE EIC PAYMENT		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME BERT C BUTTS				11. NONQUALIFIED PLANS		12. a-d			
APT 108 1360 SEWARD DETROIT, MI 48202-2341				14. OTHER					
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>					
15. STATE MI	EMPLOYER'S STATE ID. NO. 38-3215802	16. STATE WAGES, TIPS, ETC. 22038.63	17. STATE INCOME TAX 859.52	18. LOCAL WAGES, TIPS, ETC. 22038.63	19. LOCAL INCOME TAX 551.01	20. LOCALITY NAME DETROIT RES			

FOLD AND TEAR ALONG PERFORATION

A. CONTROL NUMBER 0328220029		This information is being furnished to the Internal Revenue Service		2006	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 22038.63		2. FEDERAL INCOME TAX WITHHELD 2540.85	
B. EMPLOYER IDENTIFICATION NUMBER 38-3215802		D. EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED] 7405		3. SOCIAL SECURITY WAGES 22038.63		4. SOCIAL SECURITY TAX WITHHELD 1366.40			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE SPECTRUM JUVENILE JUSTICE 28303 JOY ROAD WESTLAND, MI 48185				5. MEDICARE WAGES AND TIPS 22038.63		6. MEDICARE TAX WITHHELD 319.56			
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
				9. ADVANCE EIC PAYMENT		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME BERT C BUTTS				11. NONQUALIFIED PLANS		12. a-d			
APT 108 1360 SEWARD DETROIT, MI 48202-2341				14. OTHER					
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>					
15. STATE MI	EMPLOYER'S STATE ID. NO. 38-3215802	16. STATE WAGES, TIPS, ETC. 22038.63	17. STATE INCOME TAX 859.52	18. LOCAL WAGES, TIPS, ETC. 22038.63	19. LOCAL INCOME TAX 551.01	20. LOCALITY NAME DETROIT RES			

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy B)

Dept. of the Treasury • Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

<p>All four copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12, are on the other side of the page.</p> <p>To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.</p>				<table border="1"> <thead> <tr> <th></th> <th>Federal Box 1</th> <th>Soc. Sec. Box 3 & 7</th> <th>Medicare Box 5</th> <th>State Box 16</th> <th>Local Box 18</th> </tr> </thead> <tbody> <tr> <td>Gross</td> <td>21501.21</td> <td>21501.21</td> <td>21501.21</td> <td>21501.21</td> <td>21501.21</td> </tr> <tr> <td>Sect. 125 Plan</td> <td>380.38</td> <td>380.38</td> <td>380.38</td> <td>380.38</td> <td>380.38</td> </tr> <tr> <td>W-2 Wages</td> <td>21501.21</td> <td>21501.21</td> <td>21501.21</td> <td>21501.21</td> <td>21501.21</td> </tr> </tbody> </table>						Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	State Box 16	Local Box 18	Gross	21501.21	21501.21	21501.21	21501.21	21501.21	Sect. 125 Plan	380.38	380.38	380.38	380.38	380.38	W-2 Wages	21501.21	21501.21	21501.21	21501.21	21501.21
					Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	State Box 16	Local Box 18																							
				Gross	21501.21	21501.21	21501.21	21501.21	21501.21																							
				Sect. 125 Plan	380.38	380.38	380.38	380.38	380.38																							
W-2 Wages	21501.21	21501.21	21501.21	21501.21	21501.21																											
A. CONTROL NUMBER 0328220029		This information is being furnished to the Internal Revenue Service.		2005 OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 21501.21		2. FEDERAL INCOME TAX WITHHELD 2470.22																								
B. EMPLOYER IDENTIFICATION NUMBER 38-3215802		D. EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED] 7405		3. SOCIAL SECURITY WAGES 21501.21		4. SOCIAL SECURITY TAX WITHHELD 1333.08																										
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE SPECTRUM JUVENILE JUSTICE 28303 JOY ROAD WESTLAND, MI 48185				5. MEDICARE WAGES AND TIPS 21501.21		6. MEDICARE TAX WITHHELD 311.77																										
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME BERT C BUTTS APT 108 1360 SEWARD DETROIT, MI 48202-2341				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS																										
				9. ADVANCE EIC PAYMENT		10. DEPENDENT CARE BENEFITS																										
				11. NONQUALIFIED PLANS		12. OTHER																										
				13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>																								
15. STATE MI	EMPLOYER'S STATE I.D. NO. 38-3215802	16. STATE WAGES, TIPS, ETC. 21501.21	17. STATE INCOME TAX 838.59	18. LOCAL WAGES, TIPS, ETC. 21501.21	19. LOCAL INCOME TAX 537.45	20. LOCALITY NAME DETROIT RES																										

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2005

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign

For the year Jan 1 - Dec 31, 2005, or other tax year beginning		, 2005, ending		, 20		OMB No. 1545-0074
Your first name	MI	Last name				Your social security number
BERT	C	BUTTS				7405
If a joint return, spouse's first name	MI	Last name				Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.						Apartment no.
1360 SEWARD						108
City, town or post office. If you have a foreign address, see instructions.						State ZIP code
DETROIT						MI 48202
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)						<input type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

Check only
one box.

- 1 ☒ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than
four dependents,
see instructions.

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
- b ☐ Spouse
- c Dependents:
- | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) | No. of children on 6c who: |
|----------------|-----------|--|-------------------------------------|---|---|
| | | | | <input type="checkbox"/> | • lived with you |
| | | | | <input type="checkbox"/> | • did not live with you due to divorce or separation (see instrs) |
| | | | | <input type="checkbox"/> | Dependents on 6c not entered above |
| | | | | <input type="checkbox"/> | Add numbers on lines above |
- d Total number of exemptions claimed 1

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and 1099-R
if tax was withheld.If you did not
get a W-2,
see instructions.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 21,501.
- 8a Taxable interest. Attach Schedule B if required 8a
- b Tax-exempt interest. Do not include on line 8a 8b
- 9a Ordinary dividends. Attach Schedule B if required 9a
- b Qualified divs (see instrs) 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
- 11 Alimony received 11
- 12 Business income or (loss). Attach Schedule C or C-EZ 12 788.
- 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13
- 14 Other gains or (losses). Attach Form 4797 14
- 15a IRA distributions 15a b Taxable amount (see instrs) 15b
- 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
- 18 Farm income or (loss). Attach Schedule F 18
- 19 Unemployment compensation 19
- 20a Social security benefits 20a b Taxable amount (see instrs) 20b
- 21 Other income 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 22,289.

Adjusted
Gross
Income

- 23 Educator expenses (see instructions) 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
- 25 Health savings account deduction. Attach Form 8889 25
- 26 Moving expenses. Attach Form 3903 26
- 27 One-half of self-employment tax. Attach Schedule SE 27 56.
- 28 Self-employed SEP, SIMPLE, and qualified plans 28
- 29 Self-employed health insurance deduction (see instructions) 29
- 30 Penalty on early withdrawal of savings 30
- 31a Alimony paid b Recipient's SSN 31a
- 32 IRA deduction (see instructions) 32
- 33 Student loan interest deduction (see instructions) 33
- 34 Tuition and fees deduction (see instructions) 34
- 35 Domestic production activities deduction. Attach Form 8903 35
- 36 Add lines 23 - 31a and 32 - 35 36 56.
- 37 Subtract line 36 from line 22. This is your adjusted gross income 37 22,233.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 11/07/05

Form 1040 (2005)

Tax and Credits**Standard Deduction for**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38 Amount from line 37 (adjusted gross income) 38

39a Check if: ☐ You were born before January 2, 1941, ☐ Blind. ☐ Spouse was born before January 2, 1941, ☐ Blind. Total boxes checked 39a

b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40

41 Subtract line 40 from line 38 41

42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d 42

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43

44 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see instructions). Attach Form 8901 if required 52

53 Adoption credit. Attach Form 8839 53

54 Credits from: a ☐ Form 8396 b ☐ Form 8859 5455 Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Form 55

56 Add lines 47 through 55. These are your total credits 56

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57

58 Self-employment tax. Attach Schedule SE 58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60

61 Advance earned income credit payments from Form(s) W-2 61

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57-62. This is your total tax 63

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2005 estimated tax payments and amount applied from 2004 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67

68 Additional child tax credit. Attach Form 8812 68

69 Amount paid with request for extension to file (see instructions) 69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 70

71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments 71

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid 72

73a Amount of line 72 you want refunded to you 73a

b Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings 73b

d Account number XXXXXXXXXXXXXXXXXXXX 73c

74 Amount of line 72 you want applied to your 2006 estimated tax 74

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions 75

76 Estimated tax penalty (see instructions) 76

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Your signature _____

Date _____

Your occupation _____

Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____

Date _____

Spouse's occupation _____

Preparer's signature _____

Date _____

Check if self-employed ☐

Preparer's SSN or PTIN _____

Paid Preparer's Use Only

Firm's name (or yours if self-employed) address, and ZIP code _____

Self-Prepared

EIN _____

Phone no. _____

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of proprietor

BERT C BUTTS

Net Profit From Business
(Sole Proprietorship)

- **Partnerships, joint ventures, etc, must file Form 1065 or 1065-B.**
► **Attach to Form 1040 or 1041. ► See instructions.**

OMB No. 1545-0074

2005

Attachment
Sequence No. **09A**

Social security number (SSN)

7405

General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service

B Enter code from instructions

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room number). Address not required if same as on Form 1040, page 1.

City, town or post office, state, and ZIP code

Figure Your Net Profit

1 Gross receipts. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	1	788.
2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C	2	
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12 , and also on Schedule SE, line 2 . (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	3	788.

Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year)

5 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

6 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

7 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

8a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If 'Yes,' is the evidence written? ☐ **Yes** ☐ **No**

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule **C-EZ** (Form 1040) 2005

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**

OMB No. 1545-0074

2005Attachment
Sequence No. **17**▶ **Attach to Form 1040.** ▶ **See instructions for Schedule SE (Form 1040).**

Name of person with self-employment income (as shown on Form 1040)

BERT C BUTTS

Social security number of person
with self-employment income ▶

-7405

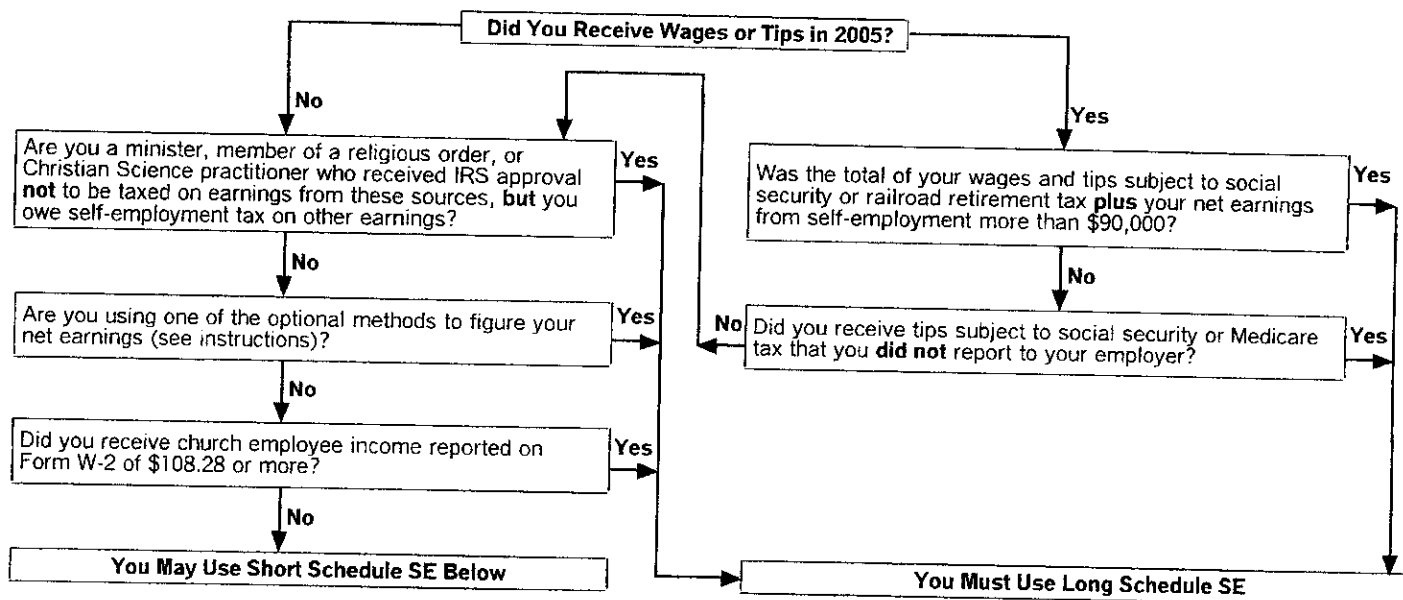
Who Must File Schedule SE

You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A – Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	788.
3	Combine lines 1 and 2	3	788.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	728.
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">• \$90,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.• More than \$90,000, multiply line 4 by 2.9% (.029). Then, add \$11,160.00 to the result. Enter the total here and on Form 1040, line 58.	5	111.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	56.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2005

FDIA1101 11/08/05

**United States Bankruptcy Court
Eastern District of Michigan**

In re <u>Bert Cordell Butts</u>	Debtor(s)	Case No. _____ Chapter <u>13</u>
--	-----------	--

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **34** sheets *[total shown on summary page plus 2]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date <u>June 4, 2007</u>	Signature: <u>/s/ Bert Cordell Butts</u> Debtor
---------------------------------	---

Date _____	Signature: _____ (Joint Debtor, if any)
------------	--

[If joint case, both spouses must sign.]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as a debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets *[total shown on summary page plus 1]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____	Signature: _____ [Print or type name of individual signing on behalf of debtor]
------------	--

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Eastern District of Michigan

In re **Bert Cordell Butts**

Debtor(s)

Case No.

Chapter

13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$22,289.00	2005 gross income
\$24,689.00	2006 gross income
\$8,613.75	2007 year to date gross income

2. Income other than from employment or operation of business

None
☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

- ☒ a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
---------------------------------	----------------------	-------------	-----------------------

None

- ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--	-----------------------

None

- ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None

- ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
CFC V Butts 04-119213gc	Collection	36th District Detroit, Michigan	garnishment
US Department of Education v Butts	wage garnishment		wage garnishment

None

- ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

5. Repossessions, foreclosures and returns

None

- ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE		DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT	
None ■	b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
NAME AND ADDRESS OF CUSTODIAN		NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Walter A. Metzen, Attorney at Law 3156 Penobscot Building 645 Griswold Detroit Michigan 48226	6/04/07	filing fee only
GreenPath Debt Solutions 17200 East 10 Mile Road Suite 155 Eastpointe, MI 48021-1250	6/04/07	\$50.00

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None

☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Lion Oil Trading & Transport	01-0550239	1360 Seward Detroit, MI 48202	transport	current

None

☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None

☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

- None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 4, 2007

Signature /s/ Bert Cordell Butts
Bert Cordell Butts
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Eastern District of Michigan**

In re **Bert Cordell Butts**

Debtor(s)

Case No.

Chapter

13

STATEMENT OF ATTORNEY FOR DEBTOR(S)
PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.

2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]

☒ **FLAT FEE**

A.	For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid	<u>3,000.00</u>
B.	Prior to filing this statement, received	<u>0.00</u>
C.	The unpaid balance due and payable is	<u>3,000.00</u>

☐ **RETAINER**

A. Amount of retainer received

B. The undersigned shall bill against the retainer at an hourly rate of \$____. [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

3. \$ **274.00** of the filing fee has been paid.

4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]

- A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- ~~D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- E. Reaffirmations;
- F. Redemptions;
- G. Other: **Attorney makes no promises or guarantees as to the outcome of the Bankruptcy, but agrees to use his best efforts on behalf of the client. Undersigned attests having been advised that ALL FEES PAID ARE NON-REFUNDABLE TO TIME SPENT, and that Ch.7 Trustee may liquidate property of debtor(s) for benefit of creditors.**

CHAPTER 13 DEBTOR(S): A.Understand(s) that the first plan payment is due within 30 days of filing. B.Understand(s) that payments are debtor(s) responsibility and must be made by debtor in the event any applicable payment order fails. C.Understand(s) that proof of payments (ie. money order receipts/pay stubs) must be kept. D.Understand(s) that all due but unfiled tax returns must be filed E.Understand(s) that up to 100% of tax refunds/profit sharing checks received during plan pendency may be required to be contributed to plan. F.Debtor understand(s) that all insurances required pursuant to law and contract (ie. automobile and homeowners) must be maintained. If case is Ch. 13, Debtor(s) acknowledge(s) having been advised that it is their responsibility to make all Chapter 13 plan payments, provide proof of payments, and to submit tax refunds to trustee for entire length of plan (to discharge), or case may be dismissed.FAILURE TO COMPLY with any of the above may result in DISMISSAL of case. Chapter 13 debtor(s) acknowledge and hereby agree that if the attorney has not been supplied with an actual Notice of Sheriff's/Foreclosure sale and that sale has been held prior to the filing of bankruptcy case, attorney shall be held harmless. I hereby swear/affirm that I have no knowledge of a pending foreclosure sale. ____ (initials if applies).

CHAPTER 7 DEBTOR(S): A.Understand(s) that attorney fee consists of both pre and post filing work, will cooperate with Trustee, to supply same with all documents/information requested. B. Understand(s) Duty to disclose all assets and has valued all assets to the best of debtor(s) ability. C. Debtor(s) understand(s) that Trustee has duty to investigate and liquidate non-exempt assets for the benefit of creditor(s). D. Debtor understands that a no asset case may become an asset case and debtor has duty to cooperate with requests of Trustee. Ch. 7 Debtor(s) understand(s) that upon filing of the case, all creditors including mortgage company and car finance company will be AUTOMATICALLY STAYED from all actions to collect a debt, therefore DEBTOR MUST CONTINUE

PAYMENTS ON MORTGAGE or CAR NOTES debtor WISHES TO KEEP.

5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
- A. Representation of debtor(s) in any dischargeability actions, amendments (\$200 fee) relief from stay actions, 2004 Hearings (\$400 retainer), adversary proceeding (\$2000 retainer fee) or contested matters. ALL FEES PAID INCLUDING FILING FEES ARE NON-REFUNDABLE.**
 - B. Attorney Fees (\$295 per hour) Per separate Retainer agreement.**
 - C. Debtor(s) agree(s) to pay attorney fee of \$300 for any missed 341. Attorney fee shall be \$295 per hour for all other post-petition work (including phone calls), and is subject to annual increases up to 10%. Debtor acknowledges that attorney fees consist of both pre and post filing work.**
 - D. Debtor(s) acknowledge(s) being advised that, pursuant to Local Bankruptcy Rule 2003-2, debtor shall have available at the 341 Hearing, all of the following:**
 - a. DRIVERS LICENSE, PAYCHECK STUBS. b. TITLES, to all vehicles, boats and mobile homes. c. DEEDS, SEV or APPRAISAL, and MORTGAGE STATEMENTS of real estate. d. DIVORCE JUDGMENTS, 401k, pension documents.**
 - E. Attorney has been retained to assist debtor(s) in obtaining a discharge of certain debts. Debtor acknowledges being aware that certain debts are non-dischargeable, i.e. Student loans, alimony/child support, most taxes, debts incurred as a result of drunk driving/intoxication, fraud. Attorney cannot and makes no representations that he can, clear up a credit report. Debtor understands that if funds are on deposit at a Credit Union to which debtor owes money, those funds may be "frozen" upon filing of the petition.**
 - F. A charge of \$50 each (subject to change) applies to replace lost petitions and discharge orders. \$226 to add omitted creditors.**
 - G. Debtor agrees that should attorney recover funds garnished prepetition, that the attorney contingency fee shall be one-half of the amount recovered.**
 - H. Debtor must maintain all insurance as required by law or contract. Failure to provide proof thereof or maintain such insurance may result in loss of the subject property.**
 - I. Chapter 13 debtor(s) acknowledge and hereby agree that if the Chapter 13 case is dismissed before confirmation due to debtor(s) poor payment history, missed Court appearances, non-filing of required tax returns or other fault of debtor that attorney shall be entitled fees for his pre-confirmation legal services as an administrative expense of the case. Debtor(s) authorize Trustee to hold balance on hand for 30 days following filing fee application.**
- DEBTOR(S) ACKNOWLEDGE(S) HAVING READ, UNDERSTOOD AND AGREED TO ABOVE TERMS.**

6. The source of payments to the undersigned was from:
- A. XX Debtor(s)' earnings, wages, compensation for services performed
 - B. _____ Other (describe, including the identity of payor) _____
7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Dated: June 4, 2007

/s/ Walter A. Metzen
Attorney for the Debtor(s)
Walter A. Metzen P49779
Walter A. Metzen, Attorney at Law
3156 Penobscot Building
645 Griswold
Detroit Michigan 48226,
(313) 962-4656
DetroitBankruptcyLawyer@gmail.com

Agreed: /s/ Bert Cordell Butts
Bert Cordell Butts
Debtor

Debtor

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Walter A. Metzen P49779

Printed Name of Attorney

Address:

3156 Penobscot Building**645 Griswold****Detroit Michigan 48226,****(313) 962-4656**X **/s/ Walter A. Metzen**

Signature of Attorney

June 4, 2007

Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Bert Cordell Butts

Printed Name(s) of Debtor(s)

X **/s/ Bert Cordell Butts**

Signature of Debtor

June 4, 2007

Date

Case No. (if known)

X

Signature of Joint Debtor (if any)

Date

Butts, Bert -

36th District Court
Madison Center
421 Madison Ave
Case#:04-119231gc
Detroit MI 48226

Allied Interstate
PO Box 361563
Columbus OH 43236-1563

Asset Acceptance
P.O. Box 2040
Warren MI 48090

Bay Area Credit Service Inc
50 Airport Parkway Suite 100
San Jose CA 95110

CFC Financial LLC
PO Box 318038
Cleveland OH 44131-8038

Debt Recovery Solutions LLC
900 Merchants Concourse
Ste 106
Westbury NY 11590-5114

Direct Loan Servicing Center
PO Box 4609
Utica NY 13504-4609

Law Office of Smith and Associates
1000 Abernathy
Building 400, Suite 155
Atlanta GA 30328

Long Beach Acceptance Corp.
PO BOX 678
Newark NJ 07101-0678

MBIA Muni Services Co
New Center One
3031 W Grand Blvd #610
Detroit MI 48202

Butts, Bert -

National Action Financial Serv
165 Lawrence Bell Dr. Ste 100
Williamsville NY 14231-9027

National Action Financial Serv
165 Lawrence Bell Dr Ste 100
PO Box 9027
Williamsville NY 14231-9027

NCO Financial Systems
507 Prudential Road
Horsham PA 19044

Northland Group Inc
PO Box 390846
Edina MN 55439

Northland Group Inc
PO Box 390846
Minneapolis MN 55439

T-Mobile Bankruptcy
5421 Jefferson St NE
Albuquerque NM 87109-3406

Thomas D Hocking
Attorney at Law
PO Box 2037
6985 Miller Road Suite 200
Warren MI 48090

United Online Collections Division
PO BOX 5006-BD
Woodland Hills CA 91365-9637

US Department of Education
PO Box 530260
Atlanta GA 30353-0260

Van Ru Credit Corporation
8550 Ulmerton Road
Suite 225
Largo FL 33771-5351

Butts, Bert -

Weber & Olcese PLC
3250 W Big Beaver Rd Ste 124
Troy MI 48084